

**DRINKING WATER ANALYSIS - GROUND WATER RULE**  
**ASSESSMENT MONITORING REPORT FORM**

PWSID:	Water System Name:	Laboratory ID:	Laboratory Name:
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Water System Facility ID: WL _ _ _ _ _	ASSESSMENT MONITORING Water Sample Information		Follow-up sample #1		Follow-up sample #2		Follow-up sample #3		Follow-up sample #4		Follow-up sample #5	
Source water lab sample #:												
Sample collection date / time:*												
Chlorine residual result (mg/L)** <i>Circle one</i>	Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl	
Chlorine residual sample date / time:*												
	Total coliform	<i>E. coli</i>	Total coliform	<i>E. coli</i>	Total coliform	<i>E. coli</i>	Total coliform	<i>E. coli</i>	Total coliform	<i>E. coli</i>	Total coliform	<i>E. coli</i>
Analysis method												
Microbe presence (P/A)												
Analysis start date / time:*												
Analysis completion date / time:*												
Date / time* water system notified of Assessment Monitoring <i>E. coli</i> + result:			<p>* 24-hour clock (military time).</p> <p>** Chlorine residual must be measured <b>prior to collection of the coliform sample</b> as free chlorine unless the water system uses chloramine disinfection, then measure as total chlorine. If the chlorine residual is undetectable, enter &lt; "value", e.g. &lt;0.01.</p>									

Samples collected/chlorine residual measured by: \_\_\_\_ Owner/Operator \_\_\_\_ Analytical Lab \_\_\_\_ Consultant/Other/Reporting Lab (show affiliation below)

\_\_\_\_\_  
Name of collector Affiliation

Form prepared by: \_\_\_\_ Owner/Operator \_\_\_\_ Analytical Lab \_\_\_\_ Consultant/Other/Reporting Lab (show affiliation below)

\_\_\_\_\_  
Name of preparer/certifier Affiliation Signature \_\_\_\_\_ / / \_\_\_\_\_  
Date

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ E-mail: \_\_\_\_\_